Treatment Options for Men with Low-Risk Prostate Cancer

What is a Proven Best Choice?

The Proven Best Choice® rating considers these factors:

- How well one choice works compared to others based on scientific evidence
- How much one choice costs in relation to its benefits: The cost information that is used is the total cost of the test or other procedure (the total amount that is billed to your insurance company), which may not reflect what you pay for the test out of pocket.

Making decisions about your health care may not be as easy as deciding whether to buy a household item like a TV. But knowing your Proven Best Choice is a good place to start.

Do you have low-risk prostate cancer? You may be overwhelmed by your treatment options. And you probably have a lot of questions, such as:
- How do my treatment options compare to each other? What are the risks and benefits of each?
- How much time will they take?

This guide explains your options and helps prepare you to talk with your doctor. Your doctor will help you choose the option that’s right for you.

Why is there more than one Proven Best Choice? First, more than one treatment can provide good results at a sensible price. Second, every patient is different: One benefit or risk may be more important to you than it is to someone else. So, you might prefer a different option than someone else.

This is why it’s important to understand your options and discuss them with your doctor. Once you know what the Proven Best Choices are, talk to your doctor about which one is right for you.

PROVEN BEST CHOICES

- Active Surveillance
- Prostatectomy
- Brachytherapy

LOWER-VALUE OPTIONS

- Intensity Modulated Radiation Therapy (IMRT)
- Proton Beam Therapy
**YOUR PROVEN BEST CHOICES FOR PROSTATE CANCER TREATMENT**

<table>
<thead>
<tr>
<th>What is it?</th>
<th>Active Surveillance (monitoring)</th>
<th>Prostatectomy (surgery)</th>
<th>Brachytherapy (radiation)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>You visit a doctor for 2 blood tests and 1 prostate biopsy each year. Your doctor uses these tests to see if the cancer is changing. If it is, you will need to have surgery or radiation. Since low-risk prostate cancer grows slowly, you often won’t need additional treatment.</td>
<td>This surgery removes your prostate gland. You are likely to spend 1-2 days in the hospital and have a 1-4 week recovery time.</td>
<td>At a hospital or your doctor’s office, a doctor inserts “seeds” of radiation into your prostate. You do not need to stay overnight after this surgery. The seeds kill cancer cells over time.</td>
</tr>
</tbody>
</table>

**Benefits**

- You can avoid the risks and side effects that come with surgery and radiation.
- You can continue your usual activities without spending time in treatment.
- If there are signs that the cancer is growing, you can always have surgery or radiation later.

- You may have greater peace of mind with this surgery because it removes the cancer immediately.
- Surgery has a smaller risk than radiation of causing bowel side effects like diarrhea.

- You may have greater peace of mind if you have a treatment designed to kill all the cancer cells over time.
- Radiation may have a smaller risk than surgery of causing problems with erections.

**Risks**

- Your cancer may grow.
- You may have anxiety about the cancer growing.
- Repeated testing can be uncomfortable.

- There is a small chance that some cancer cells remain.
- As with all surgeries, there is a small risk that something may go wrong.
- After surgery, you may have trouble controlling your bladder.
- After surgery, you may have trouble having an erection.

- There is a small chance that some cancer cells remain.
- There is also a small risk that something may go wrong as the radiation seeds are inserted.
- You may also have trouble controlling your bladder.

**Other Things to Consider**

You can change your mind about getting additional treatment at any time. Even if your cancer doesn’t change, you can choose to have surgery or radiation.

Some doctors use “robot-assisted” methods for this surgery. This is not proven to lead to better results than regular surgery.

Some doctors may suggest adding other types of radiation treatment after the seeds are inserted. This will depend on the details of your specific cancer.
The list on the following page gives you ideas for the kinds of questions to ask your doctor. Getting input from family and friends may also help you choose what’s right for you.

In addition, it’s important to remember that not all insurance companies cover every type of treatment. If you need additional treatment, contact your insurance company to find out what it covers and what you will pay in copayments and other expenses.

To read ICER’s full review of the evidence on treatment options for prostate cancer, see these reports:

Active Surveillance and Radical Prostatectomy for Clinically Localized, Low-Risk Prostate Cancer
http://www.icer-review.org/as-rp/

IMRT for Localized Prostate Cancer
http://www.icer-review.org/imrt/

Brachytherapy/Proton Beam Therapy for Clinically Localized, Low-Risk Prostate Cancer
http://www.icer-review.org/bt-pbt/

“The most important thing to me was to realize that the decision was ultimately mine. It’s also important to realize that there is some time...you can use that time wisely to do the research.”
QUESTIONS FOR YOUR DOCTOR

These questions are meant to be a starting point for a conversation you have with your doctor. You may have other questions.

- How often do I need to come in for appointments? I can’t take a lot of time off from work.
- What side effects should I expect?
- Will there be limits on my activities during or after treatment?
- When will I be able to return to work?
- How many patients have you treated? Were the treatments successful?

Additional Information

To learn more about your overall risk for prostate cancer:

American Cancer Society
Prostate Cancer
www.cancer.org/cancer/prostatecancer/index

American Cancer Society
How many men get prostate cancer?
www.cancer.org/Cancer/ProstateCancer/OverviewGuide/prostate-cancer-overview-key-statistics

American Cancer Society
How is prostate cancer treated?
www.cancer.org/Cancer/ProstateCancer/OverviewGuide/prostate-cancer-overview-treating-general-info

National Cancer Institute
Prostate Cancer—for Patients
www.cancer.gov/types/prostate

Prostate Cancer Foundation
www.pcf.org
LOWER-VALUE OPTIONS FOR ADDITIONAL TREATMENT

Intensity Modulated Radiation Therapy (IMRT)

**What it is:** IMRT is a type of radiation treatment. A machine beams radiation at your prostate to slow or stop the growth of cancer cells. You will need to go to a clinic or hospital to get treatment every day for four to eight weeks. Each session lasts about 15-20 minutes.

**Risks:** There are risks with a small chance of occurring that include loss of ability to have an erection, loss of bladder control, and bowel problems like frequent diarrhea.

**Why its value is lower:** Studies have not proven IMRT to be any more effective than other options. In addition, IMRT is often more expensive than brachytherapy, and you may need to visit the doctor every day for up to eight weeks, which may require additional travel costs or time off from work. There is growing interest in “short-course” IMRT that requires treatment for only four-five weeks, but standard IMRT is probably not the best use of your health care dollars.

Proton Beam Therapy

**What it is:** Like IMRT, proton beam therapy is a form of radiation treatment that beams radiation at your prostate to slow or stop the growth of cancer cells. And like IMRT, it requires a relatively short visit to the proton therapy center every day for approximately six to eight weeks.

**Risks:** There are risks with a small chance of occurring that include loss of ability to have an erection, loss of bladder control, and bowel problems like frequent diarrhea.

**Why its value is lower:** Proton beam therapy does not appear to offer added benefit over other types of treatment for low-risk prostate cancer. It is also very expensive compared to other treatments, and you must visit the doctor every day for six to eight weeks, which can be inconvenient and may require additional travel costs or time off from work. Its benefits do not outweigh the added cost, so proton beam therapy is probably not the best use of your health care dollars.

Methodology

The Proven Best Choice rating system considers many factors, including measures of comparative clinical effectiveness (how well a treatment works compared to another treatment), cost, cost-effectiveness (how much something costs compared to the long-term benefits it creates), long-term outcomes, and resource constraints (for example, if there are a limited number of health care providers that offer the specific treatment). To inform these ratings, ICER performs in-depth evidence reviews and economic analyses, and convenes public meetings of research methodologists, clinical experts, and public and patient representatives to examine rigorous, high-quality evidence, information on costs, and measures of long-term outcomes and impact.
Content presented in this guide is based on academic analyses completed by ICER. Input on communicating with patients and families was provided by Families USA.

The Institute for Clinical and Economic Review (ICER) is an independent, nonprofit research institute that produces reports analyzing the evidence on the effectiveness and value of drugs and other medical services. ICER’s reports include evidence-based calculations of prices for new drugs that accurately reflect the degree of improvement expected in long-term patient outcomes while also highlighting price levels that might contribute to unaffordable short-term cost growth for the overall health care system. ICER’s reports incorporate extensive input from all stakeholders and are the subject of public hearings through three core programs: the California Technology Assessment Forum (CTAF), the Midwest Comparative Effectiveness Public Advisory Council (Midwest CEPAC), and the New England Comparative Effectiveness Public Advisory Council (New England CEPAC). These independent panels review ICER’s reports at public meetings to deliberate on the evidence and develop recommendations for how patients, clinicians, insurers, and policymakers can improve the quality and value of health care. For more information about ICER, please visit ICER’s website at www.icer-review.org.

Families USA is a national nonprofit, nonpartisan organization dedicated to the achievement of high-quality, affordable health care for all Americans. It champions the preservation and improvement of health insurance programs that provide coverage to those who need it the most—the young, those with disabilities, the elderly, and the economically disadvantaged. It partners with organizations and individuals across the spectrum of the health care community to achieve these goals. Visit Families USA’s website at www.familiesusa.org.

Publication ID: 002HST121515
This publication was written by Dr. Steven Pearson, President, Institute for Clinical and Economic Review (ICER)

The following ICER staff contributed to the preparation of this material (in alphabetical order):
Sarah Emond, Chief Operating Officer
Dan Ollendorf, Chief Review Officer
Mitchell Stein, Policy and Communications Director

Erin Lawler, Program Coordinator, Institute for Clinical and Economic Review (ICER)

The following Families USA staff contributed to the preparation of this material (in alphabetical order):
Nichole Edralin, Senior Designer
Caitlin Morris, Program Director, Health System Transformation
Evan Potler, Art Director
Ingrid VanTuinen, Director of Editorial